

## **Consent to Testing**

I, hereby, consent to undergo a pre-employment drug test administered by agents for Appomattox County. Such testing will be done by a contracted agent for Appomattox County, or otherwise certified laboratory at a time and place stated in the conditional offer of employment letter that I received.

If I should accept employment with Appomattox County, I understand and consent to random drug testing (a test that is ordered without individualized suspicion) during the course of my employment. I understand further that upon a reasonable suspicion that I am at work under the influence of drugs or alcohol, I may be ordered to take a drug/alcohol test. I understand that a trigger for such test may be the smell of alcohol on my breath, incoherence in my speech, or other signs of being under the influence of alcohol or drugs. I also understand that I will be discharged from my position with Appomattox County if the tests are positive and there is not a medical reason for such a positive test result.

Further, I authorize the testing facility to release to Appomattox County the results of such test.

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Signature

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Name

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Date